

has its origin in a deviation from the normal in the cerebral cortex. A case reported by the author in which myoclonia was the initial symptom, followed by exaggerated patellar reflex, myosis, spastic gait and psychic dulness with gradual development of a typical dementia paralytica, lends support to the author's theory of the cerebral origin of polyclonia.

(1902, Vol. 7, fasc. 9, September.)

1. Upon the Presence of Neuroglia in the Choroid Plexuses. C. CATÓ-LA.
2. Changes in the Nerve-cells in Acute and Chronic Iodoform Poisoning. R. GIANI and E. LIGORIO.
3. Contribution to the Study of the Hygric Illusion. E. RAVENNA and T. MONTAGNINI.
4. The Fasciculus of Pick. F. UGOLOTTI.

1. *Neuroglia in the Choroid Plexuses.*—In a former article, the author has published the report of a glioma at the level of the choroid plexuses of the fourth ventricle. To prove the theory then advanced as to its development from neuroglia normally existing in the choroid plexuses, he has studied numerous microscopical specimens of the choroids and has determined the existence of a delicate layer of neuroglia beneath the ependymal layer in nearly every instance.

2. *Changes in the Nerve-cell in Iodoform Poisoning.*—A report of the condition found in animals after death from acute poisoning by means of large injections of iodoform with glycerine or olive oil, and from chronic poisoning by means of small doses repeated at intervals of three or four days. For full details the reader is referred to the original article; suffice it to say that no part of the cerebrospinal system was exempt from the noxious influence of the drug; cellular degeneration and chromatolysis being widespread.

3. *Contribution to the Study of the Hygric Illusion.*—An interesting case, in which hygric illusions were a prominent characteristic, is reported by the authors, who discuss the center to which such illusions are referred and, from the findings at autopsy in the present case, consisting in various deviations from the normal in the hippocampal convolution, contribute further support to the hypothesis that hygric illusions may be referred to that area.

4. *The Fasciculus of Pick.*—This anomalous fasciculus has been found in the medulla oblongata by the author in three cases out of twenty-six. Its point of greatest size was found at a level with the decussation of the pyramidal tracts, from which point it decreased toward the inferior portion of the bulb. Ugolotti leans to the belief of Hoche that the fibers of the fasciculus are derived from the pyramidal tracts. The question of their distribution is taken up, but no definite conclusion is reached.

FIELDING (New York).

*Nouvelle Iconographie de la Salpêtrière.*

(15th Year, No. 3, May-June, 1902.)

1. Three Cases of Cerebral Neoplasm. G. BALLET and ARMOND-DELILLE.
2. Description of a Case of a Rare Monstrosity of a Face and Head. HAUSHALTER and BRIQUEL.
3. Psychasthénic Syndrome of Akathisia. F. RAYMOND and PIERRE JANET.
4. Biological Life of a Xypophagus. VASCHIDE and VURPAS.
5. A Case of Hemimelia of the Right Lower Extremity, Studied by Means of a Radiograph. INFROIT and HEITZ.
6. A Case of Eunuchism of a Family Type. P. SAINTON.
7. Vesical Calculi in Holland. BOLK and MAYET.

1. *Cerebral Neoplasm*.—An account of three cases of cerebral tumor with autopsy findings, which present some unusual features.

Case I—Man, 53 years old; headache, right hemiparesis, slight speech trouble, not, however, aphasic; coma, deaf. Autopsy: gliomatous tumor about the size of a walnut, located on the posterior part of the third frontal convolution of the left hemisphere. It is interesting in this case to note that, although the tumor was of large size and compressed the foot of the third frontal left, it did not extend far beyond the motor area.

Case II—Appearance at ten years with epileptiform attacks during two years following. Apparent return of health, then headache, with trophic symptoms located in the head, especially in the left parietal region, facial hemiparesis on the right side. Renewal of epileptiform attacks, vomiting, incomplete right hemiplegia, without aphasia, prolonged terminal period, with stupor and death. Enormous sarcoma, the size of an orange, compressing the left frontal lobe. The remarkable toleration which the brain exhibited for a growth of this size is worthy of attention. Although the tumor was so large that it caused direct trophic changes on the skin, hair, and skull, lying directly over it, by pressure, yet, with the exception of a slight facial paralysis, no grave motor symptoms were noted. In this case also the absence of aphasia, in spite of the pressure on both Broca's convolutions, is noted. This case would tend to show that the gray substance of a convolution can be compressed to a great degree without its function being markedly affected, provided always that the increase in pressure proceeds slowly and progressively.

Case III—Following a trauma of the head in a man 19 years of age, rapid development of paralysis of the intrinsic ocular muscles and Jacksonian epilepsy, progressive; difficulty in swallowing, profound torpor, death. Diffuse gliomatous infiltration, predominating on the anterior two-thirds of the convolution of the corpus callosum of the right hemisphere. This case shows the following points of interest: Diffuse gliomatosis; traumatic origin; symptoms suggesting in the beginning a bulbar affection.

2. *Rare Monstrosity of Face and Head*.—An account of a monster showing an arrested development of the face, deformity in the hands, feet, brain and skull. The cause of all of these defects of the brain was probably a hemilateral hydrocephalus. The article is illustrated with clear photographs and contains exact descriptions and measurement of the subject.

3. *Psychasthenic Syndrome of Akathisia*.—Haskowec of Prague reported to the Neurological Society two cases of a peculiar nervous malady which he called Akathisia, or the impossibility of seating oneself. This paper is an account of such a case, observed at the Salpêtrière. Man, 42 years old. When he sits down in a chair he becomes greatly embarrassed and shows evidence of great mental and physical suffering. He twists his body about, alternately flexing and extending his legs, allows his head to fall on the left shoulder, and at the same time breaks into a sweat and has attacks of palpitation of the heart. His expression shows great pain, terror and suffering. At length, unable to hold himself any longer in the chair, he rises quickly and the attack ceases completely. Haskowec considered that this syndrome bore some resemblance to the astasia-abasia of hysterical subjects, but Raymond believes that it is of different type entirely, and for the following reasons: (1) The patient is able to sit down and to remain seated, the symptoms only beginning after the lapse of a certain length of time. (2) Even

when the attack begins, it is only necessary to question the patient or to speak to him, when he becomes quiet. (3) He does not fall from his chair. (4) The cause of this attack is not due to an incapacity to remain seated, but it is an agony and suffering which develop when he is seated. The author believes that the syndrome of akathisia is of psychasthenic origin and is really a sort of profession aboulia with attacks of anxiousness. A somewhat similar case is related in the same article.

4. *Biological Life of a Xyphophagus*.—This is a very interesting study from the physiological point of view of a Chinese xyphophagus, exhibited by Barnum & Bailey at Paris under the name of the "Chinese Brothers." They are fifteen years of age and are united by a band at the xyphoid region, which, by an X-ray picture, is shown to be composed of cartilage. A careful anatomical description, illustrated by photographs and containing also accurate measurements, is included in the article. The investigation consists of studies of the pulse, respiration, muscular force, etc. The following conclusions, in brief, are noted: (1) Each subject at the same time leads a biological life with an individual life. This individual life has very definite limits from the standpoints of circulation, respiration, sensation, and muscular activity. (2) One of them is more vigorous from the point of view of muscular activity than the other. (3) In spite of the existence of these two lives, each of which reacts in a great measure to their individual laws, there is a harmonized biological life which has its origin deeply rooted in the two organisms. This life is the resultant of the two others and reduced itself to a condition of well equilibrated automatism.

5. *Hemimelia of the Right Lower Extremity*.—An article, illustrated by photograph and radiograph, of a malformation of the inferior right extremity of a woman, fifty-eight years of age.

6. *Eunuchism of a Family Type*.—The term, Eunuchoid, is given to those individuals who in many respects present characteristics commonly found in eunuchs, due to an atrophy of the testicle, resulting from localization of an infection of the testicle or by the arrested development of that organ. This article is an account of an individual who showed the personal and family characteristics from this point of view. Several members of his family, in different generations, have had the same peculiarity.

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(1902, No. 4, July-August.)

1. Pure Verbal Blindness. E. BRISSAUD.
2. Hallucinations of Hearing in a General Paralytic. SÉRIEUX and MIGNOT.
3. Study of the Root and Cell Lesions of Tabes. A. THOMAS and HAUSER.
4. Dementia Præcox and Katatonia. J. SÉGLAS.
5. Multiple Exostosis with a Tendency to Suppuration. LAUNOIS and ROY.
6. Psychiatry in the Japanese Theater. GEYER.

1. *Verbal Blindness*.—A case of verbal blindness caused by softening in the left calcarine region with degeneration of the splenium and the tapetum on the right side. A man, fifty-seven years old, entered the hospital with a history of blindness, which had existed for several months. On examination it was found that he was not blind, that he could write, but that he was incapable of reading even his own signature. This symptom can with justice be called verbal blindness. Patient died in twenty-four hours. The localization of the lesion of softening in the occipital